



新鴻基地產成員  
Member of Sun Hung Kai Properties

**旅遊保險申請書**  
(只適用於新鴻基地產集團職員及親友)

**Travel Insurance Application Form (SHKP Group Staff & Referrals Only)**



Return Form By  By Email: [cs-shkpi@shkp.com](mailto:cs-shkpi@shkp.com) (for Credit Card Payment only) 電郵: [cs-shkpi@shkp.com](mailto:cs-shkpi@shkp.com) (只供信用卡付款)

遞交申請書  By Post: Room 2305-16, Sun Hung Kai Centre, 30 Harbour Road, Wanchai, H.K.

郵寄: 香港灣仔港灣道 30 號新鴻基中心 23 樓 2305-16 室

FOR EMAIL APPLICATION, DO NOT SEND THE ORIGINAL SIGNED FORM BY POST IN ORDER TO AVOID DUPLICATION. 凡以電郵申請, 請勿將此正本表格寄回, 以免重複。

**Staff Information 職員資料**

Please use Block Letters (請用英文正楷填寫)

Name of Staff 職員姓名 Surname 姓 \_\_\_\_\_ Given Name 名 \_\_\_\_\_

Company Name / Department 公司名稱 / 部門 \_\_\_\_\_

Staff No. 職員編號 \_\_\_\_\_

Staff Email 職員電郵地址 \_\_\_\_\_

**Policyholders' Personal Information 保單持有人資料**

Title 稱謂 Name of Insured 投保人姓名 HKID Card No. 香港身份證號碼 Correspondence Address 通訊地址  Contact Telephone No. 聯絡電話號碼 Email Address 電郵地址 Receive Policy & Official Receipt By: 收取保單及正式收據:	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss Surname 姓 _____ Given Name 名 _____
	Flat 單位 _____ Floor 層 _____ Block 座 _____
	Building / Estate Name 大廈 / 屋苑名稱 _____
	Street No. and Name 街道號數及名稱 _____
	District 地區 _____
	Hong Kong / Kowloon / New Territories 香港 / 九龍 / 新界
	Mobile 手提 _____ Home 住宅 _____ Office 辦公室 _____
	<input type="checkbox"/> By Email 電郵 or 或 <input type="checkbox"/> By Post 郵寄

**Insurance Particulars 投保事項**

Journev 行程 (please show countries to be visited) 請列明到訪國家	From Hong Kong 由香港至 _____		
Period of Insurance 投保日期	From 由 _____	To 至 _____	
Name of Insured Person 受保人姓名	Date of Birth 出生日期	HKID Card No. 香港身份證號碼	Plan *Diamond/Gold/Silver/Cruise 計劃 *鑽石/金/銀/郵輪
Insured 投保人	_____	_____	_____
Spouse 配偶	_____	_____	_____
Child 1 子女	_____	_____	_____
Child 2 子女	_____	_____	_____
Child 3 子女	_____	_____	_____
<b>Other Family Member / Relatives (age over 18 years) 其他家庭成員 / 親屬(18歲以上)</b>			
Name of Insured Person 受保人姓名	Date of Birth 出生日期	HKID Card No. 香港身份證號碼	Plan *Diamond/Gold/Silver/Cruise 計劃 *鑽石/金/銀/郵輪
Insured 投保人	_____	_____	_____
Insured 投保人	_____	_____	_____
Insured 投保人	_____	_____	_____
Insured 投保人	_____	_____	_____
Insured 投保人	_____	_____	_____
<b>Grand Total Premium 保費合計 HK\$ 港幣</b>		<b>(Include levy 已包括徵費)</b>	



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\* Insurance Coverage is applicable to HONG KONG RESIDENTS at or below the age of 85.

此保險保障只適用於 85 歲或以下的香港居民。

\* For insured Persons over the age of 65 or under the age of 16, Personal Accident cover (II) is not applicable and the Maximum Benefits of other Personal Accident and Medical Expenses cover are limited to 50% of the selected plan's standard amount.

年齡65歲以上或16歲以下的受保人士，除個人意外保障(II)不適用外，所有個人意外保障及醫療費用保障的最高賠償額分別為所選計劃上限的50%。

\* Maximum 90 days per single trip. The journey must commence from Hong Kong.

每次旅程最長為 90 天。旅程須由香港出發。

\* No refund of premium will be made once the insurance policy is issued.

保單發出後，保費將不獲退回。

**Payment Instruction and Authorization 付款指示及授權書**

- Cheque (Payable to "Sun Hung Kai Properties Insurance Limited") 支票 (收款人請寫新鴻基地產保險有限公司)  
 Credit Card (Please fill in the following details.) 信用卡 (請填妥以下資料)  
 VISA  MasterCard

I hereby authorize Sun Hung Kai Properties Insurance Limited to charge my credit card account below for the above Travel Insurance premium payment. 本人授權新鴻基地產保險有限公司從本人下述之信用卡賬戶支取旅遊保險保費。

Credit Card Number 信用卡號碼:  -  -  -

Expiry Date 有效日期:  /  M M / Y Y

Name of Cardholder 信用卡持卡人姓名: \_\_\_\_\_ Signature of Cardholder 信用卡持卡人簽署: \_\_\_\_\_

**DECLARATION 聲明**

I warrant that no insured person is travelling contrary to the advice of a medical practitioner or for the purpose of obtaining medical treatment and that the insured person(s) understand(s) that treatment of any pre-existing, existing, recurring or congenital medical conditions are not insured. I further warrant that the insured person(s) is/are not aware of any condition, cause or circumstances that may necessitate the cancellation or curtailment of the journey as planned.

I declare that the above statements and information are true. I understand and agree that this Travel Insurance Application Form will form part of the insurance contract that will be issued by Sun Hung Kai Properties Insurance Ltd.

本人保證並據實相信各受保人絕不會違反醫生的囑咐或僅為獲得醫療而外出旅遊，各受保人更清楚明白任何現已存在之疾病、現有、不時復發或先天疾病皆不在承保之列。各受保人保證對已安排而又必須取消或縮短旅程之絕不知情。

本人聲明在此申請書內填報的資料乃確實。本人明白及同意此旅遊保險申請書乃作為本人與新鴻基地產保險有限公司合約的基礎。

Signature of Insured 投保人簽署

Date 日期

The liability of the Company does not commence until the Proposal has been accepted by the Company and the Premium paid.  
有關保險須在本保險公司接受此投保書及呈交保費後才生效。

**Personal Information Collection Statement**

Your personal data provided to the Company will be protected but may be used to underwrite contracts of insurance and may be disclosed or transferred to any member of the group of companies to which the Company belongs for the purpose of promoting or offering their products and services; to the employees of such companies who are designated in carrying out insurance business and to any agent and/or sub-contractor and/or claims adjusters who provides administrative, telecommunications, computer or other services to the Company in connection with the operation of its business.

You have the right to request access to and the correction of any of your personal data. Any such request may be made in writing with 7-days advance notice to the Company's Data Privacy Officer at its office situated at Rooms 2305-16, Sun Hung Kai Centre, 30 Harbour Road, Wanchai, Hong Kong (Tel. 2827 8111 and Fax. 2827 0622).

**Premium Levy**

From 1 January 2018, the Insurance Authority will start collecting a premium levy from policy holders through insurance companies in accordance with the law at applicable rate. All policy holders of new/ renewal and in-force policies must pay the levy along with their premium payment. For general information relating to the applicable levy rates, please visit our website www.shkpi.com.hk.

**收集個人資料聲明**

閣下提供之個人資料，將予保密，並用作評估投保申請，及可能披露或轉送與本公司之集團成員公司、本公司之僱員、經紀及索償調查公司以供提供保險服務，如銷售服務、設計及推廣本公司的產品及服務時，須與閣下保持聯絡。閣下有權要求查閱本公司所保存有關閣下之個人資料，並要求將之改正。有關之要求可於七天前以書面提出並寄交：香港灣仔港灣道 30 號新鴻基中心 2305-16 室新鴻基地產保險有限公司保障資料私隱主任。(電話：2827 8111 傳真：2827 0622)

**保費徵費**

保險業監管局(保監局)將由 2018 年 1 月 1 日起，按照法例透過保險公司向投保人收取保費徵費。所有新造/續保及現行有效的保單，其保單持有人必須在繳付保費時同時繳付保費徵費。有關徵費率詳情，請瀏覽本公司網站 www.shkpi.com.hk

**CUSTOMER SERVICES TEL. 客戶服務電話 : 2828 7886**